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## BIB DATA SHEET

CONFIRMATION NO. 4405

<b>SERIAL NUMBER</b> 10/612,856	<b>FILING or 371(c) DATE</b> 07/03/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P0008888.05/LG10126		
<b>APPLICANTS</b> James D. Webb, Maple Grove, MN; Tom Dean Bennett, Shoreview, MN; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/809,915 03/16/2001 PAT 6,599,250 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/30/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/GEORGE MANUEL/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924 UNITED STATES						
<b>TITLE</b> Heart failure monitor quicklook summary for patient management systems						
<b>FILING FEE RECEIVED</b> 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			